

AUSD NON-STUDENT DAY ACTIVITIES

For Boys and Girls currently in Kindergarten to 5th Grades
(Moms and Dads - This is an AUSD STAFF DEVELOPMENT DAY - NO SCHOOL FOR KIDS)

**ADVENTURES IN THE PARK****Class #10526**

Join us on fun walks, arts and crafts, cooking, games and more!!

Monday, November 21 - 7:30 a.m. to 5:30 p.m.

Tuesday, November 22 - 7:30 a.m. to 5:30 p.m.

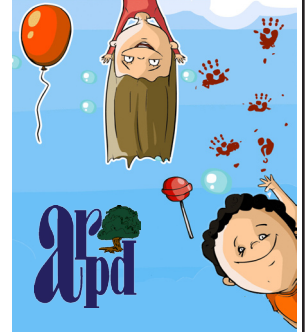
Wednesday, November 23 - 7:30 a.m. to 12:30 p.m.

Drop-Off/Pick-Up Location:

Harrison Center/Lincoln Park (1450 High Street, Alameda)

Cost Per Child: \$125 - Includes:

- Delicious Lunch on Monday and Tuesday, November 21st & 22nd
- Fun Field Trip on Tuesday, November 22nd

**PARENTS:**

- Your child needs to wear weather appropriate clothing and comfortable walking shoes. Please bring a jacket and be sure to apply sunscreen as we will play outdoors, weather permitting.
- Children may be dropped off anytime after 7:30 a.m.
- All children must be picked up on time otherwise there is a \$1 per minute late fee payable that day for every minute you are late picking up your child.
- Do not bring any electronic or sentimental items as ARPD Staff is not responsible for lost and/or stolen items.
- **NO REFUNDS OR CREDITS ISSUED**

Please complete and return form with payment (cash, check made payable to ARPD, MasterCard or VISA) to the Alameda Recreation and Park Department, 2226 Santa Clara Ave, Alameda 94501. FAX registrations accepted with VISA/MasterCard: (510) 523-4071. Register online at: www.arpdeplay.com **SAVE YOUR RECEIPTS! THERE IS A \$5 SERVICE CHARGE PER RECEIPT TO REPRINT RECEIPTS.** ARPD reserves the right to cancel programs due to low enrollment. Alternate programs may not be available. **NO REFUNDS OR CREDITS ISSUED.**

I give my child permission to participate in the **"Non-Student Day Activity"** sponsored by the Alameda Recreation and Park Department on:

☐ **#10526 - ADVENTURES IN THE PARK - MONDAY-WEDNESDAY, NOVEMBER 21-23 - \$125 PER CHILD**

CHILD'S NAME: _____ **BIRTHDATE:** ____/____/____ **AGE:** ____ **GRADE:** ____ ☐ **BOY** ☐ **GIRL**

ADDRESS: _____ **CITY:** _____ **ZIP:** _____ **HOME PHONE:** (____) _____

Please note: Registrations for children requiring special attention are reviewed on a case-by-case basis with the Program Supervisor. Be sure to provide as much detail as possible, including any physical or emotional needs or medications involved. Recreation Department Staff do not receive specialized training for various special needs, but will work with individuals as appropriate to provide a positive experience.

ALLERGIES, MEDICAL PROBLEMS: _____

CURRENT MEDICATIONS: _____

MEDICAL RELEASE: I give permission for any certified emergency professional or health care professional to administer any type of medical treatment he/she deems necessary to the above child in case of an emergency and in the event that I cannot be contacted.

DOCTOR'S NAME _____ **PHONE (____)** _____

NAME OF INSURANCE _____ **GROUP OR POLICY NUMBER** _____

PERSON(S) AUTHORIZED TO PICK-UP CHILD FROM PROGRAM: _____

MOM/GUARDIAN NAME _____ **ADDRESS (if different)** _____

HOME PHONE (if different) (____) _____ **WORK PHONE (____)** _____ **CELL PHONE (____)** _____

DAD/GUARDIAN NAME _____ **ADDRESS (if different)** _____

HOME PHONE (if different) (____) _____ **WORK PHONE (____)** _____ **CELL PHONE (____)** _____

IN CASE OF EMERGENCY AND I CANNOT BE REACHED, PLEASE CONTACT: (I understand it is my responsibility to provide current contact information)

NAME: _____ **RELATIONSHIP:** _____ **HOME PHONE:** _____ **CELL/WORK:** _____

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES AND DISCHARGES THE CITY OF ALAMEDA, its directors, officers, employees, agents, and independent contractors from all liability to the undersigned and/or his/her personal representatives, assignees, heirs, and next of kin for any loss or damage and any claim or demands accruing or resulting from injury to the person or property or death of the undersigned, whether or not caused by the negligence and/or property of the City of Alameda, its directors, officers, employees, agents, and independent contractors.

2. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE, whether or not it is due to the negligence of the City of Alameda, its directors, officers, employees, agents, and independent contractors or otherwise while in, upon or about the premises of the City of Alameda and/or while using the premises or facilities or equipment thereon.

3. THE UNDERSIGNED HEREBY PERMITS the taking of photographs of themselves and/or the participant by the City of Alameda during recreation classes or activities to be used at the City's discretion.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement has been made.

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____

PAYMENT ENCLOSED: CASH _____ CHK# _____ MC/VISA _____ **EXP DATE** _____